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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number 10/774,802		Filing Date 09 February, 2004		<input type="checkbox"/> To be Mailed			
						Applicant(s) ALITALO, KARI						Page 1 of 2	
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 06/24/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62				1		
13							63				1		
14							64				1		
15							65						
16							66						
17							67			1			
18							68			1			
19							69				1		
20							70				1		
21							71						
22							72			1			
23							73			1			
24							74				2		
25							75				2		
26							76						
27							77			1			
28							78			1			
29							79				1		
30							80				1		
31							81			1			
32							82			1			
33							83				2		
34							84				2		
35							85			1			
36							86			1			
37							87				2		
38							88				2		
39							89			1			
40							90			1			
41							91				1		
42							92			1			
43							93				2		
44							94			1			
45							95				1		
46			1				96				1		
47							97				5		
48				1			98				5		
49							99			1			
50							100				1		
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Part of Paper No20090819-1.

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	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101				1			151						
102			1				152						
103			1				153						
104			1				154						
105				2			155						
106				2			156						
107			1				157						
108				1			158						
109				1			159						
110				1			160						
111				1			161						
112				1			162						
113			1				163						
114			1				164						
115				1			165						
116				1			166						
117				1			167						
118				1			168						
119				1			169						
120				1			170						
121				1			171						
122				4			172						
123				4			173						
124				4			174						
125				10			175						
126				9			176						
127							177						
128							178						
129							179						
130							180						
131							181						
132							182						
133							183						
134							184						
135							185						
136							186						
137							187						
138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
Total Indep			22				Total Indep						
Total Depend				84			Total Depend						
Total Claims			106				Total Claims						

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